

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017069

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 68 PRIMARY REGISTRATION DISTRICT NO. 5267 REGISTRAR'S NO. 14

1. PLACE OF DEATH a. COUNTY <b>Christian County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Spokane Mo</b>		c. CITY OR TOWN <b>Spokane Mo</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Spokane Mo</b>		d. STREET ADDRESS <b>Spokane Mo</b>	
3. NAME OF DECEASED (Type or print) <b>Fred Lewis</b>		4. DATE OF DEATH Month <b>May</b> Day <b>23</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 27/1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bus Driver</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>	
13a. FATHER'S NAME <b>Charlie Lewis</b>		14. NAME OF HUSBAND OR WIFE <b>Ola Fay Lewis</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-14-8978</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac arrest</b> DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>several yrs</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Christian</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>Sept 4 - 5/9</b> to <b>Aug 23-59</b> and last saw her alive on <b>5-23-59</b> Death occurred at <b>9 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Of signer or title) <b>Harold Shaffner</b>	
22b. ADDRESS <b>Spokane, Mo</b>		22c. DATE SIGNED <b>5-27-59</b>	
23a. BURIAL, CREMATION, ETC. (Specify) <b>Burial</b>	23b. DATE <b>May 27/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Spokane Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>Christian Co, Mo</b>
24. FUNERAL DIRECTOR <b>T. B. Shaffner</b>		25. DATE RECD. BY LOCAL REG. <b>June 6 1959</b>	26. REGISTRAR'S SIGNATURE <b>Laurel Leonard</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed W. B. Chaffin .....

Licensed Embalmer No. 2192 .....

P. O. Address Osage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.